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## BIB DATA SHEET

CONFIRMATION NO. 5902

|   |   |   |                               |   |                           |                                |
|---|---|---|-------------------------------|---|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/046,834  | <b>FILING or 371(c) DATE</b><br>01/15/2002<br><b>RULE</b>   | <b>CLASS</b><br>705   | <b>GROUP ART UNIT</b><br>3695 | <b>ATTORNEY DOCKET NO.</b><br>11195-37  |                           |                                |
| <b>APPLICANTS</b><br>Tara Chand Singhal, Torrance, CA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/215,261 06/30/2000<br>and claims benefit of 60/237,328 10/02/2000<br>and claims benefit of 60/255,002 12/09/2000<br>and claims benefit of 60/270,750 02/21/2001<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>02/13/2002 |   |   |                               |   |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /OJO O OYEBISI/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>o.o<br>Initials | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWINGS</b><br>11  | <b>TOTAL CLAIMS</b><br>50 | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>Tara Chand Singhal<br>P.O. Box 5075<br>Torrance, CA 90510<br>UNITED STATES  |   |   |                               |   |                           |                                |
| <b>TITLE</b><br>Private and secure payment system   |   |   |                               |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>766   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |